

ENVIRONMENTAL PROTECTION AGENCY REGION V

111 West Jackson Blvd. CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF: : RCRA ACTIVITIES

MAY 27 1982

Robert A. Girman, Manager McKesson Chemical Company 26601 Richmond Road

Bedford Heights, Ohio 44146 RE: Interim Status Acknowledgement

USEPA ID No. 0HD071107791

FACILITY NAME: McKesson Chemical Company

Dear Mr. Girman:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

Karl J. Klepitsch, Jr.;

Waste Management Branch

Enclosure cc: J.P. Hope, Regional Vice President

FACILITY NAME

EPA ID NUMBER

MCKESSON CHEMICAL COMPANY

OHD071107791

FACILITY OPERATOR

FOREMOST MCKESSON CHEMICAL CO

FACILITY OWNER

FOREMOST MCKESSON CHEMICAL CO

FACILITY LOCATION

26601 RICHMOND ROAD BEDFORD HEIGHTS

OH 14146

PROCESS CODE

DESIGN CAPACITY

UNIT OF MEASURE

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6600.00000

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PROCESS	CESS	APPROPRIATE UNITS OF MEASURE	* UNIT OF * MEASURE	CODE
STORAGE:			* GALLONS	G
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CONTAINER	501	Gorl	* CUBIC YARDS	
TANK	\$02		* CUBIC METER	
WASTE PILE		Y or C	* GALLONS PER	
SURFACE IMPOUNDMENT	S04	G or L	* LITERS PER	
DISPOSAL:			* TONS PER HO	-
	- 7 -		* METRIC TONS	
INJECTION WELL	D79	G,L,U, or V	* GALLONS/HOU	
ANDFILL	D80	A or F	* LITERS/HOUR	
_AND APPLICATION	D81	B or Q	* ACRE-FEET	A
DCEAN DISPOSAL	D82	U or V	* HECTARE-MET	ER F B
SURFACE IMPOUNDMENT	D83	G or L	* ACRES	
TREATMENT:		*	* HECTARES	Q J
			* POUNDS/HOUR	
TANK	T01	U or V	* KILOGRAMS/H	
SURFACE IMPOUNDMENT	T02	U or V	* TONS PER D/	
INCINERATOR	T03	D,W,E, or H	* METRIC TONS	S/DAY S
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EPA Form 8700-12 (Rev. 14-85) Reverse



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports ous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA. This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazard-

EPA I.D. NUMBER	• A	OHD071107791	KEACKNON	EDG	
	•	MCKESSON CHEMICA 26601 RICHMOND R BEDFORD HEIGHTS	OAD		14146
NSTALLATION ADDRESS	A	26601 RICHMOND R	OAD	1	14146

EPA Form 8700-12B (4-80)

Blazes on to the reverse of this form and provide the requested information.

SEPA	U.S. ENVIRONMENTAL PROTECTION AGENCY NOTIFICATION OF HAZARDOUS WASTE ACTIVITY	INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the
INSTALLA- TION'S EPA I.D. NO.	Ohd 07/107791 Add Trans., Hguy. Add Waste Codes: FOOI, FOO3, FOO5	information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is
I. STALLATION	Add Trans., Hyury.	complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted
INSTALLA-		label, complete all items. "Installation" means a single site where hazardous waste is generated,
II. MAILING ADDRESS	PLEASE PLACE LABEL IN THIS SPACE AUG I	porter's principal place of business. Please refer
, 4		to the INSTRUCTIONS FOR FILING NOTIFI- CATION before completing this form. The
LOCATION IIL OF INSTAL-		information requested herein is required by law (Section 3010 of the Resource Conservation and
LATION		Recovery Act).
FOR OFFICIAL		garan menggangangan penggangan di penggan dan 1943
	COMMENTS	
C 15 16	DATE RECEIVED	55
INSTALLAT	TON'S EPA I.D. NUMBER APPROVED (yr., mo., & day)	
FUADU	13 10 15 16 17 22	
I. NAME OF IN	sson Chemical Company	
30		67
II. INSTALLAT	STREET OR P.O. BOX	
^c 2 6 6 0	1 Richmond Road	
15 16	CITY OR TOWN ST. Z	IP CODE
^c ₄ Bedf		4 1 4 6
III. LOCATION	OF INSTALLATION	
£ 2 6 6 0	STREET OR ROUTE NUMBER 1 Richmond Road	
5 2 6 6 0		45
5 Bedf	CIT OR TOWN	4146
15 16	40 41 42 47	- 51
IV. INSTALLA	TION CONTACT NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
c Girm	an Robert A Manager	2 1 6 2 9 2 7 5 0 0
V. OWNERSHI	P CALLERY STATE OF THE STATE OF	45 46 - 48 49 - 51 52 - 55
I C D - I - I	A. NAME OF INSTALLATION'S LEGAL OWNER	3
8 F 0 r e	most McKesson Inc.	55
(enter the appro)	FOWNERSHIP (VI. TYPE OF HAZARDOUS WASTE ACTIVITY	(enter "X" in the appropriate box(es)) B. TRANSPORTATION (complete item VII)
F = FEDER M = NON-F	AL 57	D. UNDERGROUND INJECTION
	TRANSPORTATION (transporters only – enter "X" in the appropriate	
A. AIR		HER (specify):
61	R SUBSEQUENT NOTIFICATION	
Mark "X" in the	appropriate box to indicate whether this is your installation's first notification of installation, enter your Installation's EPA I.D. Number in the space provide	hazardous waste activity or a subsequent notification.
Trans is not your	AUG 18 1980	C. INSTALLATION'S EPA I.D. NO.
X A. FIR	ST NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete	item C) 061021107791
IX. DESCRIPT	TON OF HAZARDOUS WASTES	

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	w W	0	h	d	٥	7	****	7	D	7	7	9	1	T/A	1
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IX. DESCRIPTION OF HAZ	ARDOUS WASTES	continued from froi		1)2 -	13 14 5 (5)
A. HAZARDOUS WASTES FRO waste from non-specific source				CFR Part 261.31 for e	ach listed hazardous
B. HAZARDOUS WASTES FRO specific industrial sources you	2 23 - 26 8 M SPECIFIC SOURCES r installation handles. U	3 23 - 20 9 23 - 26 Enter the four—digit se additional sheets if r	10 10 23 - 26 10 10 10 10 10 10 10 10 10 10	5 11 11 23 - 26 Part 261.32 for each list	6 12 12 23 - 26 ed hazardous waste from
13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	2 1	22	23	24
23 - 26 25	26	27 26	23 - 26	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
C. COMMERCIAL CHEMICAL I stance your installation handle	PRODUCT HAZARDOU es which may be a hazar	JS WASTES, Enter the dous waste. Use addition	four—digit number fro onal sheets if necessary.	m 40 CFR Part 261.33 See attachmer	for each chemical sub- nt.
U 0 0 2 4	32 U 2 2 6 23 - 26 38	U 1 2 2 .	U 2 2 8 .	35 U 1 5 4 «	36 U 1 5 9 23 - 26 42
U 2 1 0 - 23 - 26 43	U 2 2 0	U 2 3 9 · 45	23 - 26	23 - 26	23 - 26
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 ~ 26
D. LISTED INFECTIOUS WAST hospitals, medical and research	ES. Enter the four—dig h laboratories your insta	it number from 40 CFI Ilation handles. Use ad	R Part 261.34 for each I Iditional sheets if necess	isted hazardous waste f ary	rom hospitals, veterinary
23 - 26	50	51	52	53	54
E. CHARACTERISTICS OF NO hazardous wastes your installa	N-LISTED HAZARDO ation handles. (See 40 C	US WASTES. Mark "' <i>)</i> FR Parts 261.21 — 261	(" in the boxes correspo 1.24.)	onding to the characteris	stics of non—listed
[] 1. IGNITABLE (D001)	[∑]2. (D002)	CORROSIVE	3. REACT! {D003}		4. TOXIC
X. CERTIFICATION					
I certify under penalty of attached documents, and the I believe that the submitted mitting false information, in	hat based on my inq d information is true	uiry of those indivions, accurate, and come ty of fine and impris	duals immediately re plete. I am aware th onment.	esponsible for obtain at there are significa	ing the information.
SIGNATURE MI BUT	tte	G. N. Bu	AL TITLE (type or prin tter, Technica Chemical Comp	l Director	B-14-80

EPA Form 8700-12 (6-80) | KEVERSE

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EPA Form 8700-12 (6-80)

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Please go to the reverse of this form and provide the requested information.

NUV 24 198U

CONTINUE ON REVERSE

	I.D FOR OFFICIAL USE ONLY
· -	<u>▼</u> W T/A € 1
IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)	13 14 15
A. HAZARDOUS WASTES FROM NON—SPECIFIC SOURCES. Enter the four—digit number from waste from non—specific sources your installation handles. Use additional sheets if necessary.	n 40 CFR Part 261.31 for each listed hazardous
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7 8 9 10	11 12
73 - 26 23 - 26 23 - 26 23 - 26	23 26 23 25
B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four—digit number from 40 CF specific industrial sources your installation handles. Use additional sheets if necessary.	R Part 261.32 for each listed hazardous waste from
13 14 15 16	17 18
23 25 28 23 26 23 26	23 - 25 23 - 26
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	and the state of t
23 26 23 26 23 26	23 26 23 26
25 26 27 28	29 30
	September 1
C COMMERCIAL CHEMICAL PRODUCT HAZARDOUS MACTES For the Commercial	23 26 23 26
C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four—digit number stance your installation handles which may be a hazardous waste. Use additional sheets if necessa	IN. 1
31 32 33 34	See Attachment
	35 36
$\begin{array}{c ccccc} U & 0 & 0 & 2 \\ \hline z^3 & & & & & & & & & & & & & & & & & & &$	U 1 5 4 U 1 5 9
37 38 39 40	23 - 26
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43 44 45 46	47 48
23 - 26 23 - 25 23 - 26 23 - 26	23 26 23 26
D. LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for eac hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary to the contract of the con	h listed hazardous waste from hospitals, veterinary essary.
49 50 51 52	53 54
Z3 - 26	23 - 26 23 - 26
E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corres hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)	ponding to the characteristics of non-listed
[D001] [D002] [D003]	TIVE 4. TOXIC
X. CERTIFICATION X. CERTIFICATION	
I certify under penalty of law that I have personally examined and am familiar with	the information submitted in the
	responsible for obtaining the information
I believe that the submitted information is true, accurate, and complete. I am aware mitting false information, including the possibility of fine and imprisonment.	responsible for obtaining the information, of that there are significant penalties for sub-
CAME & OFFICIAL TITLE (type or p	
G. N. Butter, Technical McKesson Chemical Compa	
MCNESSOII CHEILLCAL COMDA	2LIV 1 / / - 1

EPA Form 6709-12 (6-80) REVERSE

RATS

McKesson Chemical Company

Foremost-McKesson Chemical Group Eastern Region 136 Summit Avenue Montvale, NJ 07645 201 573 9480



March 8, 1981

USEPA Region V 230 South Dearborn Street Chicago, Illinois 60604

Gentlemen:

On November 18 we filed with your office a modified Notification of Hazardous Waste Activity for our facility in Bedford Heights (Cleveland) OH, extending our original registration to include a storage facility. The second Notification acknowledged certain items of information were missing, and we now include these: facility drawing, photographs, geographical location.

We appreciate your acceptance of our delay, and continue to stand ready to meet your requirements.

Our responsible contact at the facility continues to be ${\sf R.\ A.\ Girman.}$

Please change our telephone number under VIII-D to (415) 983-8300.

Sincerely,

McKESSON CHEMICAL COMPANY

D. M. Black

Regional Operations/Safety Manager

DMB: jh

cc: J. P. Hobe

L. R. Vilotti



CONTINUED FROM THE FRONT				
VII. SIC CODES (4-digit, in order of priority)		or entropy	ario de la companya d	Street Contraction
A. FIRST		· · · · · · · · · · · · · · · · · · ·	B. SECONO	
5 1 6 1 Wholesale Chemical Distributor	5 /s	pecify)		-
MIDIESATE CHEMICAL DISCIPLICO	THUS : 10			
C. THIRD		pecify)	D. FOURTH	3.4
7	7	респу)		
VIII OPERATOR INFORMATION	15 16 - 16			
A. NAME				B. is the name listed in
	 	TITI		item VIII-A also the
8 VAN WATERS & ROGERS, IN	C.		, ,	XXYES NO
28 16				8 6 6
C. STATUS OF OPERATOR (Enter the appropriate letter into the answe		pecify.)	D. PHONE (area code & no.)
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE C = OTHER (specify)	pecify)		2 0 6 4	4 7 5 9 0 9
P = PRIVATE		<u></u>	13 10 - 16 19	
E. STREET OR P.O. BOX	1 			
1600 NORTON BUILDING				-
F, CITY OR TOWN	G.STATE	H. ZIP CODE	X. INDIAN LAND	-1.50
			is the facility located	
BISEATILE	, W A 9	0,8,1,0,4	☐ YES	XX NO
10 16	40 41 45 61	r - 50		
X. EXISTING ENVIRONMENTAL PERMITS - 411 11			i elisanis Kalisana	esternical efections
A. NPDES (Discharges to Surface Water) D. PSD. (Air Emissions	from Proposed Sou	rces)		
9 N 9 P				•
13 16 17 11 30 (5 16 17 18	7 / 2 - 2 / 5 · 1	30		
B. UIC (Underground Injection of Fluids) E. CTHE	R (specify)	(specif	<u>٠</u>	
9 0		(apeci)	,,	
C. RCRA (Hazardous Wastes) E. OTHE	# (specify)	. 10		
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3 R 9 7 17 17 17 17 17 17 17 17 17 17 17 17 1	<u> </u>	30		
XI. MAP	Charles of the South	CATTER S	A Section 15	"一个"
Attach to this application a topographic map of the area extending to	at least one mile	beyond prop	erty bounderies. T	he map must show
the outline of the facility, the location of each of its existing and p	roposed intake a	nd discharge st	tructures, each of i	ts hazardous waste.
treatment, storage, or disposal facilities, and each well where it injet water bodies in the map area. See instructions for precise requirement		ound. Include	r all springs, rivers	and other surface
XII. NATURE OF BUSINESS (provide a brief description)				a at I am to an
provide a direct description of				THE PROPERTY OF THE PROPERTY OF THE PARTY OF
As a wholesale chemical distributor, Van Wate	ers & Rogers	s, Inc. di	stributes va	arious chemical
products. As such, we stock an average of 5	00 packaged	chemicals	at this loc	cation at anv
one time. The product list will vary from t			, -	
XIII. CERTIFICATION (see instructions)	A COL			
I certify under penalty of law that I have personally examined and a				
attachments and that, based on my inquiry of those persons imm	nediately responsi	ble for obtain	ing the information	n contained in the
application, I believe that the information is true, accurate and confales information, including the possibility of fine and imprisonment	nplete. I am awar	e that there a	re significant pena	Ities for submitting
false information, including the possibility of fine and imprisonment. NAME & OFFICIAL TITLE (type or print) 8. SIGNAT			1	
B. SIGNAT	TURE	~~~~ ~])	DATE SIGNED
	-iu 13	Villace	$\mathcal{Y} = \bigcup_{\mathbf{A}}$	+Abau 01 100c
James W. Bernard, Vice President			والمراجع والمستواد الأنافان الأراجي والأناف	
			والمراجع والمستواد الأنافان الأراجي والأناف	ctober 31, 1986
James W. Bernard, Vice President			والمراجع والمستواد الأنافان الأراجي والأناف	

FORM CEDA	U.S. ENVIR	ER/	ENT AL	AL PROT	ATION AGENCY	I. EPA I.D. NUMBER	30- A		
GENERAL LABELITEMS	C.	neoli	i cia ta	d Parraire	rogram " before starting.)	FOHD00289	9	8 4	1.7
I. EPA I.D. NUMBER	0 H D 0 0 2	8	9 9	8 4 7		GENERAL INSTR	sen :	aravi	ded affi
II. FACILITY NAME	Van Waters	& R	oge	ers = (incinnati	it in the designated space, ation carefully; if any of i through it and enter the appropriate fill—in area bei	COFFEC COFFEC	rcorr t de	ect, cross its in the
PACILITY MAILING ADDRESS	3025 Exon A Cincinnati,			15241		the preprinted data is absolved that should appear, please proper fill—in area(s) bald	nt (# nts of prom ne. li	te ar e in: vide ! the	ee to ch formation it in the
VI. FACILITY LOCATION	3025 Exon A Cincinnati,			15241		complete and correct, you items i, iii, V, and VI (must be completed regard items if no label has been the instructions for detations and for the legal as	excep /ess/, provi	t V/ Con ded. item	-8 which opiete st Refer to descrip
II. POLLUTANT CHARACTERISTIC			1772 W.			Which this data is collected.		Zatio	ns unde
INSTRUCTIONS: Complete A thro questions, you must submit this for if the supplemental form is attached is excluded from permit requirement	ough J to datermine with and the supplement it. If you answer "no" at see Section C of the	methi tel fo to er instr	er yo rm li ech o uctio	u need to isted in the	forms to the EPA. If you ans	wer "	ird c		
SPECIFIC QUESTIC		YES	***		SPECIFIC Q		AEE		FORM
A. Is this facility a publicly own which results in a discharge to (FORM 2A)	waters of the U.S.?	10	X X	***	B. Does or will this facility include a concentrated a squartic animal productio discharge to waters of the	mimal feeding operation or a		Х	
C. Is this a facility which currently to weters of the U.S. other tha A or B above? (FORM 2C)	results in discharges in those described in	,	ХХ		D. Is this a proposed facility in A or B above) which	(other than those described will result in a discharge to	T #	X	21
E. Does or will this facility treat, hazardous wastes? (FORM 3)	store, or dispose of	XX	23	.14	F. Do you or will you inject municipal affluent below	vi 2D)	2.9	1	27
G. Do you or will you inject at this water or other fluids which are be in connection with conventional duction, inject fluids used for eall or natural gas, or inject fluids hydrocarbons? (FORM 4)	rought to the surface oil or natural gas pro- nhanced recovery of for storage of liquid	34	XX	10	H. Do you or will you inject cial processes such as mi processes, solution mining	rinking water? (FORM 4)		χ	33
I. Is this facility a proposed station one of the 28 industrial categor structions and which will poten per year of any air pollutant Clean Air Act, and may affect attainment area? (FORM 5)	ries listed in the in- tially emit 100 tons regulated under the or be located in an		ХΧ	42	per year of any air polluta Air Act and may affect or	strial categories listed in the ill potentially emit 250 tons and regulated under the Clean ribe located in an attainment		X	16
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V. FACILITY CONTACT							18		
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BYERS IVAN	MANA	G :	ÉR	!	5 1	3 5 6 3 2 4 4 0			
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U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program

I. EPA I.D. NUMBER

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III. PR	OCES	SES -	COD	ES AN	D DE	SIGN C.	APAC	ITIES		·	- •		-			-7. ft		-7-E i		15 4 4	- V - S		1	
B. PRO	ibe the CESS I MOUN	proces DESIGN NT — En	is (inci N CAP nter th	ACITY	- For	n the list d, enter the d capacity each code	/ in the	e space ad in c	ojmui s brod	vided o	on the	form capa	a proce <i>(Item</i> eity of	iss wit ///-C/ the p	Locez , , De fii	sed the	it is no	inciu	ded i	n the i	list of	codes	below	, then
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C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "TO4"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

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TV.	ከድርፖ D ID TI	AN AF U	AZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Suppart D for each listed nazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste/s/ that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column 8 enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE	METRIC UNIT OF MEASURE CODE
POUNDSP	KILOGRAMSK
TONS. , , ,	METRIC TONS

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

### D. PROCESSES

1. PROCESS CODES:

For listed hazardous weste: For each listed hazardous weste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminent entered in column A, select the code/s/ from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes, If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZA: DOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next fine enter the other EPA Hazardous Waste Number that can be used to describe the waste, in column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

A. EPA HAZARD.	B. ESTIMATED ANNUAL	C. UNIT	D. PROCESSES							
HAZARD.	QUANTITY OF WASTE	SURE (enter code)	1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))						
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D 0 0 2	400	P	T 0 3 D 8 0							
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$X \rightarrow  D  0  D  2$				included with above						

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EPA Form 3510-3 (6-80)

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IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3. EPA 1.0. NO. (enter from page 1) F 0 H D 0 0 2 8 9 9 All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail). the second secon All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, reatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). I. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds) LONGITUDE (degrees, minutes, & seconds) 3 | 9 1 5 0 3 8 6 VIII. FACILITY OWNER A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section 1X below. B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items: 1. NAME OF FACILITY'S LEGAL OWNER 2. PHONE NO. (area code & no.) Van Waters & Rogers, Inc. 0 6 - 4 4 7 - 5 9 0 3. STREET OR P.O. BOX 4. CITY OR TOWN 5. ST ZIP CODE 1600 Norton Building Seattle IX. OWNER CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. A. NAME (print or type) C. DATE SIGNED James W. Bernard, Vice President October 31, 1986 X, OPERATOR CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe that the nitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information. Liuding the possibility of fine and imprisonment. A. NAME Print or type, SIGNATURE C. DATE SIGNED Mar James W. Bernard, Vice President October 31, 1986 EPA Form 3510-3 (6-80) CONTINUE ON PAGE 5 PAGE 1 OF

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Continued from page 4. Form Approved OMB No. 158-S80004

V. FACILITY DRAWING (see page 4)

DSW. INC.

1600 NORTON BUILDING SEATTLE, WASHINGTON 98104

TELEPHONE (206) 447-5909

September 25, 1986

Director
Attn: David Mentzer
Ohio EPA/Solid & Haz. Waste Mgmt.
361 E. Broad Street
Columbus, OH 43216

OCT OI 1966

Re: EPA I.D. Nos. OHD002899847 and OHD0071107791

McKesson - Cincinatti and Cleveland

Request for Transfer of Interim Status/Permit

Dear Sir or Madam:

Accompanying this letter is an application by DSW, Inc., a Washington corporation ("DSW"), for the transfer to DSW of the hazardous waste storage permit or interim status standing referenced above which is now held by McKesson Chemical Company, a division of McKesson Corporation ("McKesson Chemical"). Also enclosed are fully executed Form(s) 8700-12 whereby the generator and transporter numbers assigned to the above facilit(ies) would be reassigned to DSW.

DSW has entered into an Asset Purchase and Sale Agreement dated as of September 19, 1986 (the "Agreement") whereby DSW will acquire substantially all of the assets of McKesson Chemical, including the assets and business comprising the above facilit(ies). The Agreement provides that the hazardous waste storage permits, along with responsibility for complying with all applicable federal and state requirements, are to be transferred to DSW, subject, of course, to the approval of all applicable governmental agencies.

The closing of the acquisition (the "Closing") is scheduled to take place on October 24, 1986. We request that you process the accompanying application for transfer as soon as reasonably possible so that the transfer can take place concurrently with the closing. We request, however, that the final transfer not take place until you have been notified by us that the Closing has occurred.

no active taken pending notification of foral transfer 10-30-86 At the Closing, DSW will become a wholly-owned subsidiary of Univar Corporation, a Delaware corporation ("Univar"). DSW will operate its facilities under the name Van Waters & Rogers, which is an existing chemical distribution division of Univar. The common stock of Univar is listed on the New York Stock Exchange. Univar's Annual Report for the fiscal year ended February 28, 1986 is one of the documents accompanying this letter.

Following the Closing, the operations, policies and personnel at the above facilities will continue unchanged until DSW/Univar has completed an analysis of where changes should occur. Accordingly, we have based our application for transfer upon the previously-filed applications of McKesson Chemical. We will under separate cover send to you DSW/Univar's demonstration of its financial responsibility for closure costs and for liability for sudden accidental occurrences.

In order to assist you in the requested transfer, we are enclosing an additional, highlighted, copy of the application(s), indicating where changes have been made from the application(s) which McKesson Chemical has on file with you in respect to the above facilit(ies). We hope that this procedure will enable you to expedite the processing of the transfer. We will, of course, comply with all applicable requirements for notification, modification of applications or permits, etc., should we make any substantial changes in the operations at the facility.

We have also included a letter from McKesson Chemical which confirms the execution of the Agreement and requests that McKesson Chemical's interim status standing or permit for the above facilit(ies) be transferred to DSW, subject to further notification that the Closing has taken place. McKesson Chemical acknowledges that it will continue to be responsible under the interim status standing or permit until the transfer has been officially approved by you. McKesson Chemical has advised DSW, Inc. in writing of the applicable law governing hazardous waste storage at the above facilit(ies).

Throughout the period prior to the Closing, McKesson Chemical personnel will be cooperating with us in the transfer of the interim status or permit. A representative of DSW/Univar or McKesson Chemical will be calling you soon in order to confirm that this letter has been received by you and to determine whether you require any additional information in order to complete the transfer process.

Thank you very much for your early attention to this matter.

Very sincerely yours,

Mark Hooper President

Enclosures

cc: RCRA Officer

U.S. EPA Region V

Mi-Kesson

September 24, 1986

Director
Attn: David Mentzer
Ohio EPA/Solid & Haz. Waste Mgmt.
361 E. Broad Street
Columbus, OH 43216

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Re: EPA I.D. Nos. OHD002899847 and OHD0071107791
McKesson - Cincinatti and Cleveland
Request for Transfer of Interim Status/Permit

Dear Sir or Madam:

McKesson Chemical Company hereby requests that you commence the process of transferring its interim status standing and/or modify its outstanding hazardous waste storage permit(s) for the above facilit(ies) so as to indicate that DSW, Inc., a Washington corporation ("DSW") is the owner or operator of such facilit(ies), effective at such time as you have been notified that the Closing described below has occurred. We also request that you transfer the generator and transporter identification numbers for the above facilit(ies) to DSW, effective as of the date you are notified that the Closing has occurred. This letter is being submitted concurrently with the applications of DSW for such modification(s) and such transfers.

McKesson Corporation, a Maryland corporation of which McKesson Chemical Company is a division, has entered into an Asset Purchase and Sale Agreement dated as of September 19, 1986 (the "Agreement") whereby McKesson Corporation will sell substantially all of the assets and business of McKesson Chemical Company to DSW. DSW will be a wholly-owned subsidiary of Univar Corporation, a Delaware corporation. The Agreement provides that the hazardous waste storage permits, along with responsibility for complying with all applicable federal and state requirements, are to be transferred to DSW, subject, of course, to the approval of all applicable governmental agencies.

The closing of the sale (the "Closing") is currently scheduled to take place on October 24, 1986. We are asking you to begin as soon as you conveniently can to process the accompanying application for transfer, however we also request that the transfer not take place until you have been notified by us that the Closing has occurred.

Thank you very much for your attention to this matter.

Very sincerely yours,

Jon W. d'Alessio Vice President

McKesson Chemical Group

Enclosures

cc: RCRA Officer

U.S. EPA Region V

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III. PROCESSES (continued)

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Continued from page 4,				Form Approved ON	18 No. 158-S80004
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File

DSW, INC.

1600 NORTON BUILDING SEATTLE, WASHINGTON 9810

RCRA Officer
U.S. EPA, Region V
P.O. Box A357
230 South Dearborn Street
Chicago, IL 60604



5HS-JCK-13

## 2 OF 2

Re: Freedom of Information Act Request RIN 11-85

Dear Mr. Sakata:

This is in response to your Freedom of Information Act request received January 7, 1995, in which you asked for Part A's for a number of facilities. Enclosed please find the requested copies for the following facilities:

Alchestran 0m0980569438 16 pp.

Hukill Chemical Corp. 0H0001926740 8 pp.

Chamical Solvents, Inc. OHOOS2937835 29 pp.

McKesson Chemical Go. UCHD071107791 10 pp.

Liberty Solvents & Chemical Co. 0HD052324548 7 pp.

Chestron Corporation OHD06605050509 8 sp.

Detrex Chemical Industries OHDO80158102 8 pp.

With regard to the rest of your list, we have no information on Ashland Chemical Company in Garfield Heights. North East Chemical Corp., CHEM-CEMTRAL-Cleveland and Cuyahoga Chemical have submitted notifications but not Part A's.

Enclosed is a bill of Collection on which the fees for this request have been itemized. Please return the top portion of the billing form with your check or money order in the emount of \$17.90, payable to the U.S. Environmental Protection Agency and forward your registance to the address listed on the billing form. Payment is due within 30 days.

Please contact Hs. Augusta Bloom, of my staff at (312) 896-4186, if you have questions or need further assistance.

Sincerely.

Basil G. Constantelos, Director Wasta Management Division

Enclosures

cc: OCPA

all facilities

bcc: H. Sullivan, SPA

C. Kaycic, 5H

H. Horman, 5%F

U. Banaszek, 5H5

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INSTRUCTIONS: Complete A through J questions, you must submit this form and if the supplemental form is attached. If y is excluded from permit requirements; see	I the supplement ou answer "no"	al fo to e	rm li ach q	sted in the juestion, y	e parenthesis following the qui ou need not submit any of the	estion. Mark "X" in the box in the forms. You may answer "no	the th	ird co our ac	olumn
SPECIFIC QUESTIONS		YES	والتوايية	FORM ATTACHED	SPECIFIC	QUESTIONS	YES	MARI	K'X' FORM
A. Is this facility a publicly owned tr which results in a discharge to wate (FORM 2A)			Х		include a concentrated	(either existing or proposed) animal feeding operation or on facility which results in a a U.S.? (FORM 2B)		Х	
C. Is this a facility which currently resulto waters of the U.S. other than the A or B above? (FORM 2C)		16	17 X	18	D. Is this a proposed facilit	y (other than those described will result in a discharge to	19	20 X 26	21
E. Does or will this facility XXXX, store waxes (FORM 3)	*X********	Х			F. Do you or will you injection municipal effluent below taining, within one que	ot at this facility industrial or w the lowermost stratum con- arter mile of the well bore, drinking water? (FORM 4)		Х	
G. Do you or will you inject at this facilit water or other fluids which are brough in connection with conventional oil or duction, inject fluids used for enhance oil or natural gas, or inject fluids for an end.	natural gas pro- ced recovery of	26	X	30	H. Do you or will you inject cial processes such as in process, solution mining	et at this facility fluids for spe- nining of sulfur by the Frasch g of minerals, in situ combus- covery of geothermal energy?	31	X	33
hydrocarbons? (FORM 4)  I. Is this facility a proposed stationary one of the 28 industrial categories structions and which will potentially per year of any air pollutant regul Clean Air Act and may affect or be	isted in the in- emit 100 tons ated under the	34	X X	36	NOT one of the 28 inc instructions and which per year of any air pollu	ed stationary source which is lustrial categories listed in the will potentially emit 250 tons tant regulated under the Clean or be located in an attainment	37	Х Х	39
attainment area? (FORM 5)  II. NAME OF FACILITY			41		area? (FORM 5)			44	45
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A. NAME I	& TITLE (last, fir	st, &	title			3. PHONE (area code & no.)			
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(16 - 10) C. THIRD		13/10 - 19 1	D. FOURTH	
(specify)		c     (specif	וע	
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III. OPERATOR INFORMATION				P. Je the name listed i
	A, NAME			B. Is the name listed in Item VIII-A also th
FOREMOST - MCKES	CON CHE	M F C A L C O A	I D A N V	owner?
	S S O N C H E	Wicyr cow	IPANY.,.	66 TES LINU
c. STATUS OF OPERATOR (Enter the app	propriate letter into the a	iswer box; if "Other", specify	).) D. PHO	ONE (area code & no.)
F = FEDERAL M = PUBLIC (other than	a federal or state)	(specify)	c	
S = STATE O = OTHER (specify) P = PRIVATE	P		A 4 1 5	9 8 3 8 3 0 0
	OR P.O. BOX			
NE POST STREET		111111		
NE 1031 31NEET		55		
F. CITY OR TO	WN	G.STATE H. ZI	P CODE IX, INDIAN LA	
SAN FRANCISCO		CA   9 4	1 0 4 Is the facility to	ocated on Indian lands?
			52 TES	NO NO
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EXISTING ENVIRONMENTAL PERMITS	D DED (Air Emis	sions from Proposed Sources)		
A. NPDES (Discharges to Surface Water)	D, PSD All Linio			
N	9 P , , ,	11111		
B. UIC (Underground Injection of Fluids)	30 15 16 17 18 E. O	THER (specify)	30	
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C. RCRA (Hazardous Wastes)		THER (specify)		
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5 16 17 18 -	30 15 16 17 18		30	
XI. MAP	<b>建型性基础基础</b>			
Attach to this application a topographic m	nap of the area extendi	ng to at least one mile bey	ond property bounder	ies. The map must show
the outline of the facility, the location of treatment, storage, or disposal facilities, a	each of its existing a	injects fluids undergroun	d. Include all springs.	rivers and other surface
water bodies in the map area. See instruction	ons for precise requirer	nents.		
XII. NATURE OF BUSINESS (provide a brief des				
AIL NATURE OF BOOKIEGO (provide d'Errer cos				
We are primarily a nationw	ide distributor	of chemicals at t	this branch.	
Some of the materials are			tainers before	
being distributed to a cus	tomer by our bra	anch		
XIII, CERTIFICATION (see instructions)				
I certify under penalty of law that I have	nersonally everyingd	and am familiar with the i	information submitted	in this application and all
attachments and that, based on my inqui	uiry of those persons	immediately responsible	for obtaining the infor	mation contained in the
application, I believe that the informatio	n is true, accurate and	l complete. I am aware ti	hat there are significant	penalties for submitting
false information, including the possibility	of fine and imprisonr	nent.		
A. NAME & OFFICIAL TITLE (type or print)	B. SIG	NATURE	•	C. DATE SIGNED
M.A. Minor	6	ma a on		0.15.100
Regional Vice President	0	ma. m	mor	9/9/81
COMMENTS FOR OFFICIAL USE ONLY				
C				
15 16				55
PA Form 3510-1 (6-80) REVERSE				

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revised applica	Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a evised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.  A. FIRST APPLICATION (place an "X" below and provide the appropriate date)													ty's					
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III. PROCESSES (continued)	AND AND AND AND AND AND AND AND AND AND		
C. SPACE FOR ADDITIONAL PROCESS CO INCLUDE DESIGN CAPACITY.	DES OR FOR DESCRIBING OTHER PI	ROCESSES (code "T04"). FOR EACH I	PROCESS ENTERED HER

TV	DESCRIP	TION OF H	AZARDOUS	WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number/s/ from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non—listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

## D. PROCESSES

- 1. PROCESS CODES:
  - For listed hazardous waste: For each listed hazardous waste entered in column A select the code/s/ from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
  - For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.
  - Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).
- 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- 2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

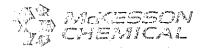
**EXAMPLE FOR COMPLETING ITEM IV** (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

				PA				C. UNIT	D. PROCESSES									
LINE NO.	I-W	/A	ST	EN	10	B. ESTIMATED ANNUAL QUANTITY OF WASTE	OF MEA- SURE (enter code)		1. PROCESS CODES (enter)								S	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
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IV. DESCRIPTION OF HAZARDOUS WASTES  E. USE THIS SPACE TO LIST ADDITIONAL PROC	ntinued)	
E. USE THIS SPACE TO LIST ADDITIONAL PROV	CESS CODES PROMITIEM D(1) ON PAGE 3.	
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1 2 - 13 14 15		
V. FACILITY DRAWING		
All existing facilities must include in the space provided on VI. PHOTOGRAPHS	page 5 a scale drawing of the facility (see instructions for in	nore detail).
All existing facilities must include photographs (aeri	ial or ground—level) that clearly delineate all existing	g structures; existing storage
treatment and disposal areas; and sites of future stor	rage, treatment or disposal areas (see instructions for	r more detail).
VII. FACILITY GEOGRAPHIC LOCATION		。 第二章 第二章 第二章
VII. FACILITY GEOGRAPHIC LOCATION  LATITUDE (degrees, minutes, & seconds)		rees, minutes, & seconds)
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VIII. FACILITY OWNER  A. If the facility owner is also the facility operator as skip to Section IX below.  B. If the facility owner is not the facility operator as I. NAME OF FACILITY.  Bankers Trust Company  STREET OR P.O. BOX  Church Street Station P. O. Box I IX. OWNER CERTIFICATION  I certify under penalty of law that I have personally documents, and that based on my inquiry of those is submitted information is true, accurate, and comple including the possibility of fine and imprisonment.  A. NAME (print or type)  X. OPERATOR CERTIFICATION  I certify under penalty of law that I have personally documents, and that based on my inquiry of those is submitted information is true, accurate, and comple including the possibility of sine and imprisonment.	listed in Section VIII on Form 1, "General Information", p isted in Section VIII on Form 1, complete the following it LITY'S LEGAL OWNER  4. CITY OR TOWN  980 G New York  examined and am familiar with the information subndividuals immediately responsible for obtaining the te. I am aware that there are significant penalties for the information subndividuals immediately responsible for obtaining the individuals immediately responsible for obtaining the	2 9   0   75 76   77 - 79
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EPA Form 3510-3 (6-80)

Foremost-McKesson Chemical Group Eastern Region 136 Summit Avenue Montvale, NJ 07645 201 573 9480



March 8, 1981

USEPA Region V 230 South Dearborn Street Chicago, Illinois 60604

### Gentlemen:

On November 18 we filed with your office a modified Notification of Hazardous Waste Activity for our facility in Bedford Heights (Cleveland) OH, extending our original registration to include a storage facility. The second Notification acknowledged certain items of information were missing, and we now include these: facility drawing, photographs, geographical location.

We appreciate your acceptance of our delay, and continue to stand ready to meet your requirements.

Our responsible contact at the facility continues to be R. A. Girman.

Please change our telephone number under VIII-D to (415) 983-8300.

Sincerely,

MCKESSON CHEMICAL COMPANY

D. M. Black

Regional Operations/Safety Manager

DMB: jh

cc: J. P. Hobe

L. R. Vilotti



Please print or type in the unshaded area fill—in areas are spaced for elite type, i.e.	is only e., 12 cher≈cters/inch).			Fo	rm Approved ON	1B No. 158-R0	175
FORM SEPA	GENERA	NTAL PROTECT INFORMA LINFORMA Lated Permits Pro- al Instructions" b	ATION gram	ै जि	PAI.D. NUMBE	1 1 0 7 7	1
I TPA I.D. NUMBER				it ati	GENERAL a preprinted lab in the designated on carefully; if a ough it and en	i space, Revie any of it is in	rovided, affix w the inform- correct, cross
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V. MAILING ADDRESS	PLEASE PLACE	LABEL IN T	"HIS SPACE	y pro	it should appear oper fill—in area mplete and corre ms I, III, V, a	a(s) below. If	the label is not complete
VI. FACILITY LOCATION				ite the tio	est be complete ms if no label he instructions in and for the lich this data is co	ias been provi for detailed legal authori	ded. Refer to item descrip-
II. POLLUTANT CHARACTERISTICS							
INSTRUCTIONS: Complete A throu questions, you must submit this form if the supplemental form is attached, is excluded from permit requirements	n and the supplemental fo If you answer "no" to e	rm listed in the p ach question, you	parenthesis follow I need not submit	ing the question any of these for	. Mark "X" in th ms. You may an	e box in the th swer "no" if y	ird column our activity
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A. Is this facility a publicly owns which results in a discharge to (FORM 2A)		X	aquatic animal	centrated anima	al feeding opera sility which resu	tion or	X
C. Is this a facility which currently to waters of the U.S. other than A or B above? (FORM 2C)	results in discharges those described in	19 19 X X 223 84	D. Is this a propo in A or B sbo	sed facility <i>(otl</i>	<i>ier than those de</i> result in a <b>disc</b> h		20 21 X 26 27
E. Does or will this facility XXXXII, hazardous wastes? (FORM 3)	store, wxxiappaexxi		taining, within	uent below the n one quarter	this facility indu- lowermost stratu- mile of the weing water? (FORM)	Im con- Il bore,	X
G. Do you or will you inject at this f water or other fluids which are b in connection with conventional of	ought to the surface	ZS 30	H. Do you or will cial processes	l you inject at t such as mining	-	for spe-	X X
duction, inject fluids used for er oil or natural gas, or inject fluids hydrocarbons? (FORM 4) I. Is this facility a proposed station	for storage of liquid	36 35		fuel, or recover	y of geothermal	energy?	38 39
one of the 28 industrial categor structions and which will potent per year of any air pollutant Clean Air Act and may affect of attainment area? (FORM 5)	tially emit 100 tons regulated under the	X	instructions at per year of an	nd which will p y air pollutant r nay affect or be	I categories liste otentially emit 2 egulated under the located in an atti	50 tons le Clean	X 44 43
III. NAME OF FACILITY							
1 SKIP M.C.K.E.S.S.O.N.	.C.H.E.M.I.C.A.L	<u>., ,C,O,M,F</u>	P.A.N.Y			69	
	ME & TITLE (last, first, &	title)		B. PH	ONE (area code à	no.)	
2 M.O.L.L. C.L.I.F.F.	,B_,R_,A_,N_,C_,H_		i E R	2,1,6	2,9,2,7	5,0,0	
V. FACILITY MAILING ADDRESS	A, STREET OR P.O. BOX						
3 2.6.6.0.1. R.I.C.H.M	_0,N,D, _R,0,A,1	) , , , , , , , , , , , , , , , , , , ,	[C.STATE]	D. ZIP CODE			
4 B. F. D. F. O. R. D H. E. I	G.H.T.S.		0 H	.4.1.4.6			
VI. FACILITY LOCATION	re NO. OR OTHER SPEC	EIC IDENTIFIE					
5 2,6,6,0,1, R,1,C,H,M	0,N,D, R,O,A,	1 1 1 1 1		45 Page 2 (1991)			
B. COU	NTY NAME						
C, CI	FY OR TOWN		DISTATE	E. ZIP CODE	F. COUNTY CO	OOE ]	
8 B,E,D,F,O,R,D, ,H,E,I	<u>ч п г э , , , , , , , , , , , , , , , , , ,</u>		0 H 4	<u>,4 ,1 ,4 ,6 </u>	33		

CONTINUED FROM THE FRONT		·	and the same	
VII. SIC CODES (4-digit, in order of priority)				
A. FIRST		c     (spec	B. SECOND	
7 5, 1, 6, 1 Distributor		7		
C. THIRD			D. FOURTH	
(specify)		c (spec	ify)	
15 16 - 19		15 16 - 19		
VIII. OPERATOR INFORMATION	A, NAME			B. Is the name listed i
c				I tem VIII-A also th
8 F.O.R.E.M.O.S.T. M.C.K.E.S	S,S,O,N, ,C,H,E,M,	I_C_A_L, _C_O_M	P A N Y	X YES NO
C. STATUS OF OPERATOR (Enter the of F = FEDERAL M = PUBLIC (other the			fy.) D. PHO	ONE (area code & no.)
S = STATE O = OTHER (specify) P = PRIVATE	, P	(specify)	A 4 1 5	9 8 3 8 3 0 0
	FOR P.O. BOX			
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B S, A, N, , F, R, A, N, C, I, S, C, O,		C A 9 4	1,0,4 TES	Ď NO
X, EXISTING ENVIRONMENTAL PERMITS		40 41 42 47		CONTRACTOR
A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissio	ns from Proposed Sources		THE RESERVE OF THE PARTY.
9 N	9 P			
15 16 17 18 -	30 15 16 17 18		30	
B. UIC (Underground Injection of Fluids)	E. OTH	ER (specify)	(specify)	
9 U	9 9 15 16 17 18		(specify)	
15   16   17   18 - C. RCRA (Hazardous Wastes)		ER (specify)		
9 R	Q		(specify)	and Amil High to most he
15 16 17 18 - XI. MAP	30 15 16 17 18		30	
Attach to this application a topographic the outline of the facility, the location of treatment, storage, or disposal facilities, water bodies in the map area. See instructions	of each of its existing and and each well where it in	proposed intake and of jects fluids underground	discharge structures, each	of its hazardous waste
XII. NATURE OF BUSINESS (provide a brief de	escription)			
We are primarily a natio	anuido distributor	of chomicals a	t this branch	
we are primarity a nation	onwide distributor	or chemicars a	t tills brailen.	
Some of the materials a	re subdivided into	smaller size c	ontainers before	
being distributed to a	customer by our br	anch.		
XIII. CERTIFICATION (see instructions)				
I certify under penalty of law that I hav attachments and that, based on my inc application, I believe that the information false information, including the possibility	quiry of those persons im on is true, accurate and co	mediately responsible implete. I am aware tl	for obtaining the inform	nation contained in the
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNA	TURE		C. DATE SIGNED
R. R. Powell		al hold		1 1 1
Regional Vice President	PKon	C) 5 1 2 1 2 1		11/30/2
COMMENTS FOR OFFICIAL USE ONLY				
C		1 1 1 1 1 1	1111111	
EPA Form 3510-1 (6-80) REVERSE	•			55

Please print or type in the unshaded areas only fill— reas are spaced for elite type, i.e., 12 chara principles.	h).			Form Approved OMB No. 1	58-R(	0175	398
				I. EPA I.D. NUMBER			
C. C.	onsoli	date	d Permits P	Program FUHD 07 110	7	79	7/A C
GENERAL (Read the "	Gene	ral In	structions	" before starting.)	UCTI	ONS	13 -74 15
I. EPA I.D. NUMBER	1	1	11,	If a preprinted label has b			
FACILITY NAME	/	/	111	it in the designated space. ation carefully; if any of it	t is ir	corre	ct, cross
The PACIFIC NAME	/ )	/	1/1	through it and enter the appropriate fill—in area bel	ow. A	Also, i	f any of
V FACILITY	1	1	111	the preprinted data is abse	nt (th	e are	a to the
MAILING ADDRESS PLASE PL	ACE	LA	BEL IN	THIS SPACE that should appear), please proper fill—in area(s) below	pro	vide i	t in the
	/	1	11	complete and correct, you Items I, III, V, and VI (	need	not o	complete
FACILITY	1	1	11	must be completed regard	less).	Com	plete all
VI. LOCATION	1	1	11,	items if no label has been the instructions for deta	iled	item	descrip-
	//	1	1.//	tions and for the legal at which this data is collected.	ithori	zation	is under
II. POLLUTANT CHARACTERISTICS			and the same			BER	MAKE T
INSTRUCTIONS: Complete A through J to determine v	vheth	er yo	u need to	submit any permit application forms to the EPA. If you ans	wer "	yes" t	o any
questions, you must submit this form and the supplemen	tal fo	rm I	isted in the	e parenthesis following the question. Mark "X" in the box in ou need not submit any of these forms. You may answer "no	the th	ird co	lumn
is excluded from permit requirements; see Section C of the	instr	uctio	ons. See als	o, Section D of the instructions for definitions of <b>bold—faced</b>	term	our ac	tivity
SPECIFIC QUESTIONS	<u> </u>	MAE	FORM		70 0000	MAR	K'X'
	YES	NO	ATTACHED	B. Does or will this facility (either existing or proposed)	YES	NO	ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.?		V		include a concentrated animal feeding operation or		1	
(FORM 2A)	16	17	18	aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	19	20	21
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in		1		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to		1	
A or B above? (FORM 2C)	22	23	24	waters of the U.S.? (FORM 2D)	25	26	27
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	1			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum con-		1	
11000110001101101101	28	29	30	taining, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		V	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface		2.0	30	H. Do you or will you inject at this facility fluids for spe-	31	32	33
in connection with conventional oil or natural gas pro- duction, inject fluids used for enhanced recovery of		V		cial processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combus-		/	
oil or natural gas, or inject fluids for storage of liquid				tion of fossil fuel, or recovery of geothermal energy? (FORM 4)	R		
hydrocarbons? (FORM 4)  I. Is this facility a proposed stationary source which is	34	35	36	J. Is this facility a proposed stationary source which is	37	38	39
one of the 28 industrial categories listed in the in- structions and which will potentially emit 100 tons		./		NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons	m	1	
per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an				per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment			
attainment area? (FORM 5) III. NAME OF FACILITY	40	41	42	area? (FORM 5)	43	44	45
C IIIIIIIIIIIII							
1 Mc.K.e. ss.o.nC.h.e.m.i.c	al		C.o.m.	pa.n.y	69		
IV. FACILITY CONTACT							
A. NAME & TITLE (last, fin				B. PHONE (area code & no.)			
2 G ir man Robert, A	М.	a, r	ag e	r. 2,1,6,2,9,2,7,5,80			
V. FACILITY MAILING ADDRESS		2 E		45 46 - 48 49 - 51 52 -/ 55		1000	
A. STREET OR P.O.		110		Market Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee	16.2		
3 26.60.1. R. ic.h. mon.d. R.o.		ı					
B. CITY OR TOWN	Lau	-1		45			
c		_		C.STATE D. ZIP CODE			
Bedford Heights			· · · · ·	OH 4 4 1 46			
VI. FACILITY LOCATION						200.2	
A. STREET, ROUTE NO. OR OTHER S	PECI	FIC	DENTIFI	ER	AL Y		
5 2, 6, 6 0, 1, R, i, c, h, m o n, d,	R	o, a	d				
B. COUNTY NAME				45.]			
Cuiahoga	7	1/	6	<b>《</b>			
46				D. STATE F. ZIP CODE   F. COUNTY CODE			
	-	1		(if known)			
6 Bedford Heights		-		O H 4 4 146			
EPA Form 3510-1 (6-80)	Military				UE (	ON RI	EVERSE

A. FIRST		B. SECOND
5. 16.1 (specify)	c (spe	ecify)
16 - 19 C. THIRD	15 16 - 19	D. FOURTH
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16 - 19	15 16 - 19	
III. OPERATOR INFORMATION	A. NAME	B. Is the name list
	<del></del>	m pany   Item VIII-A als
10 1 011 0 50 110	sson Chemical Co	YES D
c. STATUS OF OPERATOR (Enter the	appropriate letter into the answer box; if "Other", spe.	cify.) D. PHONE (area code & no.)
F = FEDERAL M = PUBLIC (other th	han federal or state) (specify)	A 415 983 7501
S = STATE O = OTHER (specify) P = PRIVATE	56	15 (6 - 18 19 - 21 22 -
E. STREE	T OR P.O. BOX	
ne Post Street	-	
F. CITY OR T		ZIP CODE IX, INDIAN LAND
		Is the facility located on Indian lands?
Sa,n, F,r,an,c,is,c,o,	C A 9	4 19 4 SZ YES X NO
EXISTING ENVIRONMENTAL PERMITS		
A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sourc	
N / A M	9 P	
B. UIC (Underground Injection of Fluids)	30 15 16 17 18 E. OTHER (specify)	30
	C T 1	(specify)
16 17 18	30 15 16 17 18 -	30
C. RCRA (Hazardous Wastes)	E. OTHER (specify)	(specify)
R	9	(Specify)
I, MAP	30 15 16 17 18	30
the outline of the facility, the location of	of each of its existing and proposed intake and and each well where it injects fluids undergro	beyond property bounderies. The map must show d discharge structures, each of its hazardous waste und. Include all springs, rivers and other surface
III. NATURE OF BUSINESS (provide a brief d		P4 B/S0 44
n. NATONE OF BOSINESS (provide a Sile) o	Cochipatony	
We are primarily a	nation wide distributor of	f chemicals at this
	he materials are subdivided	
containers before	being distributed to a cust	comer by our branch.
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I certify under penalty of law that I have attachments and that, based on my inc application, I believe that the information false information, including the possibility. NAME & OFFICIAL TITLE (type or print)	quiry of those persons immediately responsiblion is true, accurate and complete. I am aware	le for obtaining the information contained in th
I certify under penalty of law that I have attachments and that, based on my incapplication, I believe that the informatifalse information, including the possibility.  NAME & OFFICIAL TITLE (type or print) Regional	quiry of those persons immediately responsible on is true, accurate and complete. I am aware try of fine and imprisonment.  B. SIGNATURE	le for obtaining the information contained in the that there are significant penalties for submitting.  C. DATE SIGNED
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HAZAL JOUS WASTE PERMIT APPLICATION  Consolidated Permits Program  (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER  5 0 H D 0 7 1 1 0 7 7 9 1 3 1
FOR OFFICIAL USE ONLY APPLICATION DATE RECEIVED COMMENTS	
*PPROVED (yr., mo., & day)	
II. FIRST OR REVISED APPLICATION	
Place an "X" in the appropriate box in A or B below <i>(mark one box only)</i> to indicate whether this is the first evised application. If this is your first application and you already know your facility's EPA I.D. Number, or EPA I.D. Number in Item I above.	
A. FIRST APPLICATION (place an "X" below and provide the appropriate date)  X 1. EXISTING FACILITY (See instructions for definition of "existing" facility.  Complete item below.)	2.NEW FACILITY (Complete item below.) 71 FOR NEW FACILITIES,
YR. MO. DAY FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)	YR. MO. DAY (yr., mo., & day) OPERA- TION BEGAN OR IS EXPECTED TO BEGIN
B. REVISED APPLICATION (place an "X" below and complete Item I above)	2. FACILITY HAS A RCRA PERMIT
III. PROCESSES – CODES AND DESIGN CAPACITIES	
A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used describe the process (including its design capacity) in the space provided on the form (Item III-C).	
<ol> <li>PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.</li> <li>AMOUNT — Enter the amount.</li> <li>UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure used. Only the units of measure that are listed below should be used.</li> </ol>	measure codes below that describes the unit of
PRO- APPROPRIATE UNITS OF	PRO- APPROPRIATE UNITS OF
PROCESS CODE DESIGN CAPACITY PROCESS  PROCESS MEASURE FOR PROCESS  PROCESS	CESS MEASURE FOR PROCESS CODE DESIGN CAPACITY
Storage: Treatment: CONTAINER (barrel, drum, etc.) SOI GALLONS OR LITERS TANK	T01 GALLONS PER DAY OR
TANK S02 GALLONS OR LITERS WASTE PILE S03 CUBIC YARDS OR SURFACE IMPOUNDMENT CUBIC METERS	LITERS PER DAY  TO 2 GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT S04 GALLONS OR LITERS INCINERATOR Disposal:	T03 TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR
INJECTION WELL D79 GALLONS OR LITERS LANDFILL D80 ACRE-FEET (the volume that OTHER (Use for physical,	LITERS PER HOUR
would cover one acre to a thermal or biological treats depth of one foot) OR processes not occurring in	nent LITERS PER DAY
HECTARE-METER surface impoundments or i  LAND APPLICATION D81 ACRES OR HECTARES ators. Describe the process OCEAN DISPOSAL D82 GALLONS PER DAY OR the space provided; Item I	es in
SURFACE IMPOUNDMENT D83 GALLONS OR LITERS	CALL STREET STREET
LITERS PER DAY	UNIT OF MEASURE CODE
SURFACE IMPOUNDMENT  D83 GALLONS OR LITERS  UNIT OF MEASURE UNIT OF MEASURE CODE UNIT OF MEASURE CODE GALLONS	UNIT OF MEASURE CODE  ACRE-FEET
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SURFACE IMPOUNDMENT  UNIT OF  MEASURE  CODE  UNIT OF MEASURE  CODE  UNIT OF MEASURE  CODE  UNIT OF MEASURE  CODE  UNIT OF MEASURE  CODE  UNIT OF MEASURE  CODE  UNIT OF MEASURE  CODE  UNIT OF MEASURE  CODE  GALLONS  G  LITERS PER DAY  V  LITERS  L  TONS PER HOUR  CUBIC YARDS  Y  METRIC TONS PER HOUR  CUBIC METERS  C  GALLONS PER HOUR  E  GALLONS PER DAY  U  LITERS PER HOUR  E  CODE  A facility has two si	UNIT OF MEASURE CODE  ACRE-FEET. A HECTARE-METER. F ACRES. B HECTARES. Q
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SURFACE IMPOUNDMENT  D83 GALLONS OR LITERS  UNIT OF MEASURE CODE  GALLONS.  G LITERS PER DAY.  V LITERS  L TONS PER HOUR.  D CUBIC YARDS.  Y METRIC TONS PER HOUR.  E GALLONS PER DAY.  U LITERS PER HOUR.  H  EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two stother can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.  B. PROCESS DESIGN CAPACITY  B. PROCESS DESIGN CAPACITY	UNIT OF MEASURE CODE  ACRE-FEET. A HECTARE-METER. F ACRES. B HECTARES. Q  corage tanks, one tank can hold 200 gallons and the
SURFACE IMPOUNDMENT  D83 GALLONS OR LITERS  UNIT OF MEASURE CODE UNIT OF MEASURE CODE  UNIT OF MEASURE CODE  UNIT OF MEASURE CODE  GALLONS.  G LITERS PER DAY.  V LITERS.  L TONS PER HOUR.  D CUBIC YARDS.  C GALLONS PER HOUR.  GALLONS PER DAY.  U LITERS PER HOUR.  EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two stocker can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.  D U P  T/A C  C CODE (from list above)  1. AMOUNT (specify)  2. UNIT (specify)  3. I (specify)  4. PRO-  C (specify)  4. PRO-  C (specify)  4. PRO-  C (specify)  4. PRO-  C (specify)  4. PRO-  C (specify)  4. PRO-  C (specify)  4. PRO-  C (specify)  4. PRO-  C (specify)  4. PRO-  C (specify)  4. PRO-  C (specify)  4. PRO-  C (specify)  C (specify)  C (specify)  C (specify)  C (sp	UNIT OF MEASURE CODE  ACRE-FEET. A HECTARE-METER. F ACRES. B HECTARES. Q  Corage tanks, one tank can hold 200 gallons and the  COCESS DESIGN CAPACITY  1. AMOUNT  2. UNIT OF MEASURE (enter ONLY)
SURFACE IMPOUNDMENT  D83 GALLONS OR LITERS  UNIT OF MEASURE CODE UNIT OF MEASURE CODE  UNIT OF MEASURE CODE  UNIT OF MEASURE CODE  GALLONS.  G LITERS PER DAY.  V  LITERS  L TONS PER HOUR.  D CUBIC YARDS.  C GALLONS PER HOUR.  GALLONS PER DAY  U LITERS PER HOUR.  EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two stother can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.  D U P  A. PRO- B. PROCESS DESIGN CAPACITY  FOR CCESS CODE (from list above)  A. PRO- B. PROCESS DESIGN CAPACITY  FOR CODE (from list above)  A. PRO- CCESS CODE (from list above)	UNIT OF MEASURE CODE  ACRE-FEET
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SURFACE IMPOUNDMENT  D83  GALLONS OR LITERS  UNIT OF  MEASURE  CODE  UNIT OF MEASURE  CODE  UNIT OF MEASURE  CODE  GALLONS.  GLITERS PER DAY  V  LITERS  L TONS PER HOUR  D  CUBIC YARDS  Y METRIC TONS PER HOUR  E GALLONS PER DOR  H  EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two stother can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.  DUP  T/A C  CESS  CODE  (from list above)  1. AMOUNT  SPECIFY)  B. PROCESS DESIGN CAPACITY  FOR ONLY  CESS  CODE  (from list above)  1. AMOUNT  SPECIFY)  GALLONS PER HOUR  E A CODE  CESS  CODE  (from list above)  1. AMOUNT  SPECIFY)  GALLONS PER HOUR  A. PRO-  CESS  CODE  (from list above)  1. AMOUNT  SPECIFY  A. PRO-  CESS  CODE  (from list above)  5 5 1 15 - 18 19  CODE  (From list above)  1. AMOUNT  SPECIFY  A. PRO-  CESS  SOURE  (from list above)  5 5 5 1 15 - 18 19	UNIT OF MEASURE CODE  ACRE-FEET
SURFACE IMPOUNDMENT  D83  GALLONS OR LITERS  UNIT OF  MEASURE  CODE  UNIT OF MEASURE  CODE  UNIT OF MEASURE  CODE  GALLONS.  G LITERS PER DAY  V  LITERS  L TONS PER HOUR  CUBIC YARDS  Y METRIC TONS PER HOUR  E GALLONS PER HOUR  E GALLONS PER HOUR  E HE CODE  EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two stother can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.  DUP  T/A C  CESS  CODE  (from list above)  1. AMOUNT  (specify)  G G 5  G 6  G 7  G 7  CODE  (from list above)  16  18  19  10  10  10  10  11  11  12  13  14  15  15  16  18  19  16  16  17  18  19  10  10  10  10  11  11  11  12  13  14  15  15  16  18  19  16  16  17  18  19  10  10  10  10  11  11  11  11  11	UNIT OF MEASURE CODE  ACRE-FEET
UNIT OF MEASURE  UNIT OF MEASURE  CODE  GALLONS PER HOUR.  H  EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two stother can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.  SOURCESS  CODE  (From list above)  A. PROCESS DESIGN CAPACITY  FOR CESS  CODE  (From list above)  IS 10	UNIT OF MEASURE CODE  ACRE-FEET

	continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

#### IV. DESCRIPTION OF HAZARDOUS WASTES

- EPA HAZARDOUS WASTE NUMBER Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE	METRIC UNIT OF MEASURE CODE
POUNDSP	KILOGRAMSK
TONS	METRIC TONS

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

## D. PROCESSES

PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III. to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s)

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form,

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual
- quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

  In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter 'included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV** (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill,

		A. I					C. UNIT										
LINE NO.	WA	AZ AST nter	FI	O	B. ESTIMATED ANNUAL QUANTITY OF WASTE	OF MEA- SURE (enter code)		SURE (enter (enter)						ES		2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
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X-3	D	0	0	1	100		P	T	0	3	D	8	0				
X-4	D	0	0	2					I							included with above	

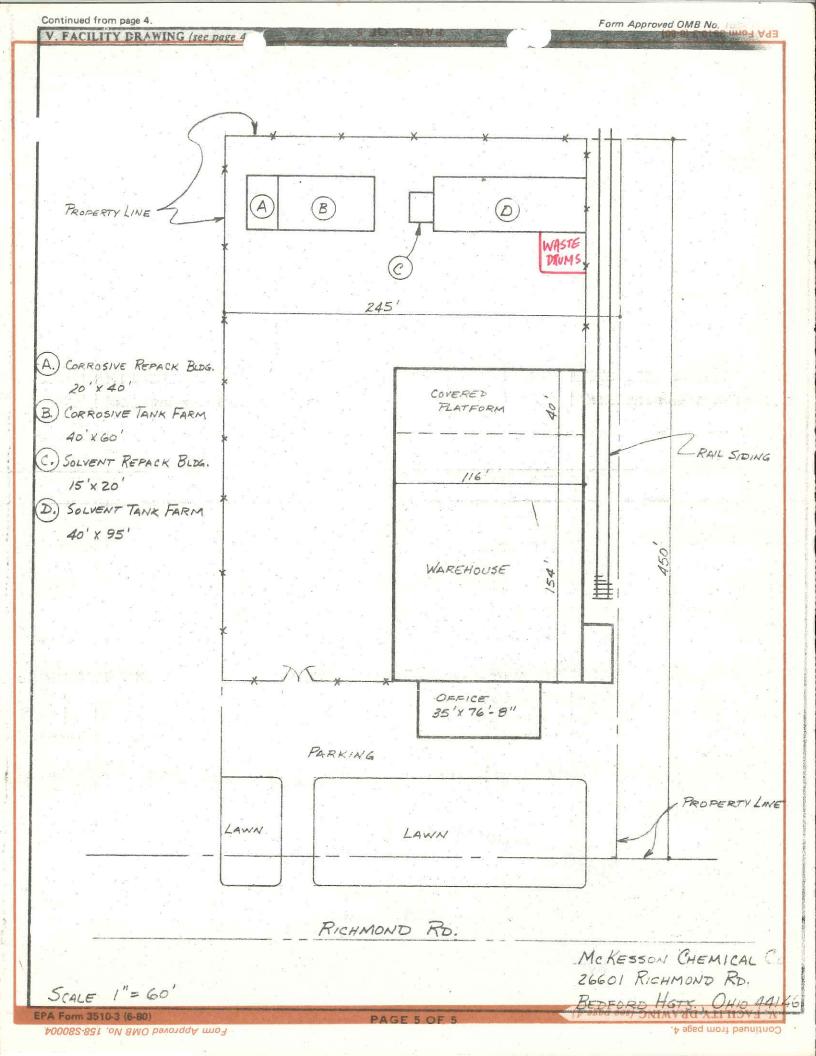
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S					BER (enter from page 1)	1	1	1	S W		F	DUP	CIAL USE	7/A C DUP
IV.					ON OF HAZARDOUS WAST				nued)			ALC: THE	DE PER E	13 14 15 23 - 26
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Continued from the front.			
IV. DESCRIPTION OF HAZARDOUS WAS	ntinued)		
E. USE THIS SPACE TO LIST ADDITIONAL P	ROCESS CODES FROM ITEM D(1) ON PAGE 3.		
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e ,			
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29			
EPA I.D. NO. (enter from page 1)			
5 AUD /7 / / A7 79/ T/AC			
FUMP 011911 11 3 6			
V. FACILITY DRAWING		And a second second	A STANISH TO SHARE THE REAL PROPERTY.
All existing facilities must include in the space provided	I on page 5 a scale drawing of the facility (see instructions for	r more detail). 🗲 🎸	155
VI. PHOTOGRAPHS			
All existing facilities must include photographs (	aerial or ground—level) that clearly delineate all exist	de a stantatura e aviati	ng storage
All existing racinities must include photographs (	delital of ground foroly triat oldarly delitioned all exist	ting structures; existing	III STUDIE
treatment and disposal areas; and sites of future	storage, treatment or disposal areas (see instructions	for more detail).	F 617/56
treatment and disposal areas; and sites of future :  VII. FACILITY GEOGRAPHIC LOCATION	storage, treatment or disposal areas (see instructions	for more detail).	F 6 756
treatment and disposal areas; and sites of future	storage, treatment or disposal areas (see instructions	for more detail).  degrees, minutes, & seco	F 6 756
treatment and disposal areas; and sites of future : VII. FACILITY GEOGRAPHIC LOCATION	storage, treatment or disposal areas (see instructions	for more detail).	F 6 756
treatment and disposal areas; and sites of future : VII. FACILITY GEOGRAPHIC LOCATION	storage, treatment or disposal areas (see instructions	for more detail).	F 6 756
treatment and disposal areas; and sites of future : VII. FACILITY GEOGRAPHIC LOCATION	storage, treatment or disposal areas (see instructions	for more detail).	F 6 756
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VIII. FACILITY GEOGRAPHIC LOCATION  LATITUDE (degrees, minutes, & second process)  VIII. FACILITY OWNER  A. If the facility owner is also the facility operator skip to Section IX below.  B. If the facility owner is not the facility operator 1. NAME OF FACE  IX. OWNER CERTIFICATION  I certify under penalty of law that I have personal documents, and that based on my inquiry of those submitted information is true, accurate, and comincluding the possibility of fine and imprisonment A. NAME (print or type)  Regional  J. P. Hobe Vice Preside:  X. OPERATOR CERTIFICATION  I certify under penalty of law that I have personal documents, and that based on my inquiry of those submitted information is true, accurate, and comincluding the possibility of fine and imprisonment documents, and that based on my inquiry of those submitted information is true, accurate, and comincluding the possibility of fine and imprisonment and the possibility of fine and imprisonment and the possibility of fine and imprisonment and the possibility of fine and imprisonment and the possibility of fine and imprisonment and the possibility of fine and imprisonment and the possibility of fine and imprisonment and the possibility of fine and imprisonment and the possibility of fine and imprisonment and the possibility of fine and imprisonment and the possibility of fine and imprisonment and the possibility of fine and imprisonment and the possibility of fine and imprisonment and the possibility of fine and imprisonment and the possibility of fine and imprisonment and the possibility of fine and imprisonment and the possibility of fine and imprisonment and the possibility of fine and imprisonment and the possibility of fine and imprisonment and the possibility of fine and imprisonment and the possibility of fine and imprisonment and the possibility of fine and imprisonment and the possibility of fine and imprisonment and the possibility of fine and imprisonment and the possibility of fine and imprisonment and the possibility of fine and imprisonment an	LONGITUDE (Conditions)  To as listed in Section VIII on Form 1, "General Information"  To as listed in Section VIII on Form 1, complete the following acility's LEGAL OWNER  4. 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EPA Form 3510-3 (6-80)

PAGE 4 OF 5

CONTINUE ON PAGE 5



	ase print or type in the unshaded areas only  II—in areas are spaced for elite type, i.e., 12 characters/inch).  Form Approved OMB No. 158-S80004											
	SEPA U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION  Consolidated Permits Program  (This information is required under Section 3005 of RCRA.)											
-	R OFFICIAL USE ONLY											
	PPROVED (yr. mo., & day)  COMMENTS											
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evi P/	FIRST OR REVISED APPLICATION  ace an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a vised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's A I.D. Number in Item I above.											
۹.	11	1. 1		PLICATION (place an "X STING FACILITY (See inst Comple		efinitio						2.NEW FACILITY (Complete item below.)  FOR NEW FACILITIES, PROVIDE THE DATE
8	7	YR.		0 3 0 1 OPERATIO (use the box	ING FACILI N BEGAN OF ces to the left,	THE	DATE	CONS	TRUCT			, & day) YR.   MO.   DAY (Vr. mo & day) OPERA-
3.	-			APPLICATION (place ar		nd con	iplete .	Item I a	ibove)			2. FACILITY HAS A RCRA PERMIT
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	ente	ring	COC	les. If more lines are needed	d, enter the co	de(s) in	n the s	pace pro	ovided.	If a pr	ocess	each process to be used at the facility. Ten lines are provided for ss will be used that is not included in the list of codes below, then III-C).
	PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.  AMOUNT — Enter the amount.  UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of											
	n	neas	ure	used. Only the units of me					oe used.			PRO- APPROPRIATE UNITS OF
_	PRO- APPROPRIATE UNITS OF CESS MEASURE FOR PROCESS PROCESS CODE DESIGN CAPACITY PROCESS CODE DESIGN CAPACITY PROCESS CODE DESIGN CAPACITY											
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W	TANK 502 GALLONS OR LITERS LITERS PER DAY WASTE PILE S03 CUBIC YARDS OR SURFACE IMPOUNDMENT T02 GALLONS PER DAY OR CUBIC METERS LITERS PER DAY											
D	SURFACE IMPOUNDMENT 504 GALLONS OR LITERS INCINERATOR T03 TONS PER HOUR OR METRIC TONS PER HOUR;  Disposal:  INJECTION WELL D79 GALLONS OR LITERS  TOUR OR METRIC TONS PER HOUR OR LITERS  LITERS PER HOUR											
L	LANDFILL  D80 ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR processes not occurring in tanks, HECTARE-METER surface impoundments or inciner-											
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th	er ca	n h	old	400 gallons. The facility als	o has an incir	erator	that ca	n burn	up to 2	0 gallo	ns pe	per hour.
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III. PROCESSES (	continued)	STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY						
C. SPACE FOR ADD	N CAPACITY.	S CODES OR FO	OR DESCRIBING	OTHER PROCE	SSES (code "T04"	). FOR EACH PRO	CESS ENTERED	HERE
B. C. Pra								

#### **DESCRIPTION OF HAZARDOUS WASTES**

- EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number/s/ from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE	METRIC UNIT OF MEASURE CODE
POUNDSP	KILOGRAMSK
TONS	METRIC TONS

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste,

#### D. PROCESSES

PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter

'included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

	A. EPA HAZARD. ZO WASTENO (enter code)						. UNIT		D. PROCESSES											
LINE			10	B. ESTIMATED ANNUAL QUANTITY OF WASTE		OF MEA- SURE (enter code)		1. PROCESS CODES (enter)										2. PROCESS DESCRIPTION (if a code is not entered in D(1))		
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X-:	2	D	0	0	2	400		P	T	0	3	D	8	0						esons clap \$2 mi
X-	3	D	0	0	1	100		P	T	0	3	D	8	0						
X-	4	D	0	0	2								1	1	-					included with above

November 20, 1980



EPA Region V RCRA Activities P O BOX 7861 Chicago, IL 60680

Re: McKesson Chemical Company's Listing for

RCRA OMB #158-S79016

#### Gentlemen:

On or prior to August 18, 1980, we filed with your office a Notification of Hazardous Waste Activity for our facilities at Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin Branches.

In that Notification, we advised that the facility would act as a transporter and or generator of hazardous waste.

We are primarily distributors of industrial chemicals for various chemical producers throughout the country. As an accommodation to our customers it is our intent to, from time to time, pick up several drums of material from our customer's facility that would fit the classification of a hazardous waste. We would transport this material to a recycler for recycling, not for disposal. Because of the distance this material must be transported, it would be necessary at times to store some of these drums on our facility for short periods to enable us to accumulate sufficient drums to make the transport economic.

We are informed that even though as a generator of hazardous waste we would be authorized to store our own waste for up to 90 days without requiring a permit, the storage of similar material belonging to our customers, in the course of transporting it to a recycler, would constitute our facility a hazardous waste management (storage) facility, for which a permit would be required.

Since we believe that what we propose would be a sound and responsible hazardous waste management activity, we would like to have the opportunity to do this. We are also advised that this requires an amendment of the Notification previously filed with you. We respectfully ask that this letter be accepted as an amendment to our Notification. We have prepared the permit application for the November 19th filing.

In addition, we have corrected the address number for our facility at Dolton, Illinois, and waste codes handled at our Rockford, Illinois Branch. Two facilities listed in the August filing; Decatur and Bartonville, Illinois, have been closed. Their operations have been transferred to the Normal, Illinois McKesson location.

We would ask acknowledgement of your acceptance of these amendments and changes. For your convenience, we enclose a copy of this letter on which your acknowledgement can be noted, and a stamped, self-addressed envelope with which it may be returned to us. Thank you for your very kind cooperation.

Respectfully,

<i>/</i> 5	
MButin	
G.N. Butter	
Technical Director	
Technical Director McKesson Chemical Co	

GNB:1c

By:

Enclosure

ACCEPTED: Environmental Protection Agency Region

Foremost-McKesson Chemical Group

McKesson Chemical Company Eastern Region 136 Summit Avenue Montvale, NJ 07645 201 573 9480

John P. Hobe Regional Vice President



November 18, 1980

EPA Region V RCRA Activities P. O. Box 7861 Chicago, IL 60680



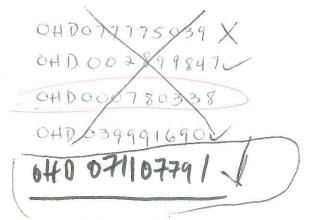
#### Gentlemen:

On or prior to August 18, 1980, we filed with your office a Notification of Hazardous Waste Activity for our facility at Cleveland, OH.

In that Notification we advised the facility would act as a generator and transporter of hazardous waste.

We are primarily distributors of industrial chemicals for various chemical producers throughout the country. As an accomodation to our customers it is our intent to, from time to time, pick up a few drums of material from our customer's facility that would fit the classification of a recycler for recycling, not for disposal. Because of the distance this material must be transported, it would be necessary at times to store some of these drums on our facility for short periods to enable us to accumulate sufficient drums to make the transport economic.

We are informed that even though as a generator of hazardous waste we would be authorized to store our own waste for up to 90 days without requiring a permit, the storage of similar material belonging to our customers, in the course of transporting it to a recycler, would constitute our facility a hazardous waste management (storage) facility, for which a permit would be required.





Since we believe that what we propose would be a sound and responsible hazardous waste management activity, we would like to have the opportunity to do this. We are also advised that this requires an amendment of the Notification previously filed with you and the filing of a Part A permit application. We respectfully ask that this letter be accepted as an amendment to our Notification. We acknowledge certain items of information are missing (e.g. facility drawings, photographs, and geographic location), and will forward them as soon as they are obtained.

We would ask acknowledgement of your acceptance of this amendment. For your convenience, we enclose a copy of this letter on which your acknowledgement can be noted, and a stamped, self-addressed envelope with which it may be returned to us. Thank you for your very kind cooperation.

Respectfully,

MCKESSON CHEMICAL COMPANY

J. P. Hobe Regional Vice President

Enclosure

ACCEPTED:

Environmental Protection Agency Region

By:

10/24/80

Foremost-McKesson Chemical Group 398

McKesson Chemical Company Eastern Region 136 Summit Avenue Montvale, NJ 07645 201 573 9480

John P. Hobe Regional Vice President



November 18, 1980

EPA Region V RCRA Activities P. O. Box 7861 Chicago, IL 60680

Gentlemen:

In reviewing waste activities at our Taylor, MI, and Cincinnati, OH, location, we find it necessary to amend our original August 18th listing. To this end, enclosed are Forms 1 and 3 (Part A) describing the activities.

Sincerely,

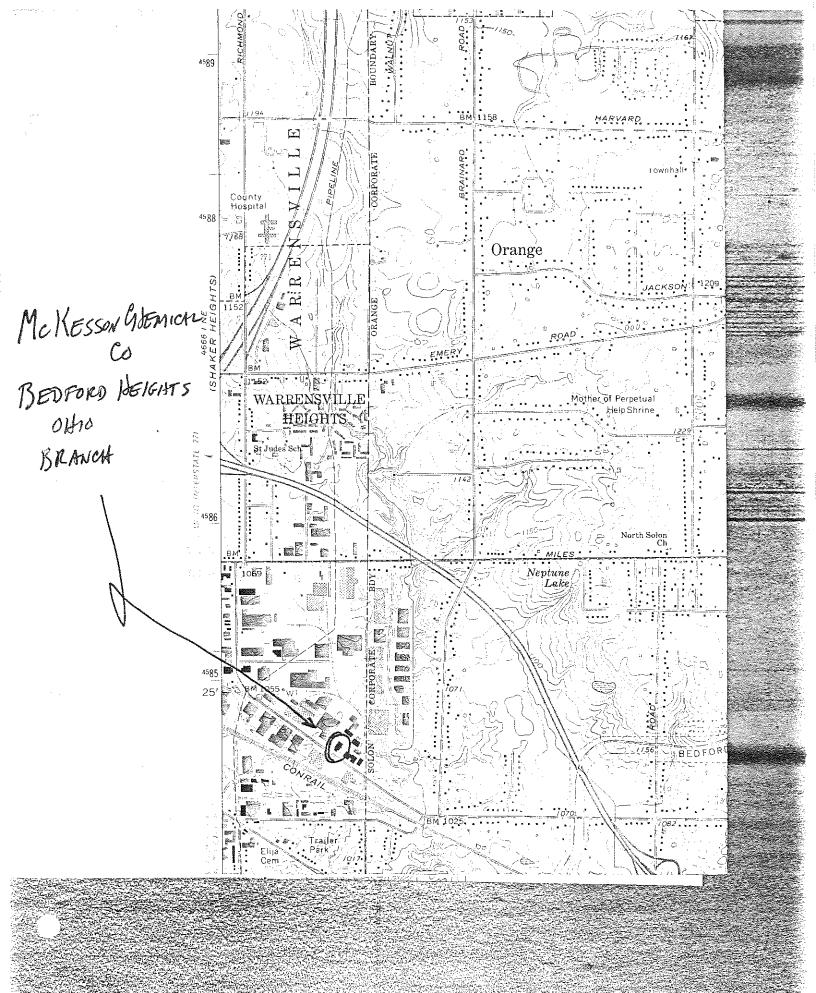
McKESSON CHEMICAL COMPANY

J. P. Hobe Regional Vice President

Enclosure

26601 Richmond Rd. Quisloga Cty Bedford Hts, DR 44146





# McKESSON CHEMICAL COMPANY Bedford Heights, OH

# LOCATION OF STORAGE AREA FOR DRUMS OF HAZARDOUS WASTE





Foremost-McKesson Chemical Group One Post Street San Francisco, CA 94104 415 983 8300



To Whom It May Concern:

McKesson Chemical Company, which is an operating division of Foremost-McKesson, Inc., is a distributor of various chemical products for various suppliers of chemicals. It operates a large number of distribution facilities throughout the country, of which this is one. We stock an average of five-hundred (500) packaged chemical products at these locations. The products carried will vary from location to location and from time to time. It is anticipated that some or all of the products could at one time or another result in the generation of a hazardous waste and the amount generated could in one or more instances exceed the quantity limit for a small generator. Since ours is a distributing function it is impossible for us to be more specific at this time.

In addition, this particular unit is a repackager of certain chemical products which is expected to result in the generation of hazardous wastes. This is more particularly spelled out in the Notification submitted herewith.

G. N. Butter

Technical Director

McKesson Chemical Company

GNB:ks attachment (Form GSA No. 0246-EPA-OT)